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RURAL HEALTH PROGRAMS

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FARMERS HOME
ADMINISTRATION
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RURAL HEALTH PROGRAMS

Need for Rural Health Facilities

A series of initiatives has been undertaken to make Federal programs work better in rural areas to meet the acute health problems that face rural Americans. For example:

- Infant mortality is as much as 10 percent higher in rural areas than urban areas. In some places it is 70 percent above the national average.
- Rural Americans suffer more chronic disease. They are more likely to suffer from hypertension by 10 percent and emphysema by 40 percent.
- Average life expectancy of migrant farmworkers is just 49 years, compared with the national average of 72 years.
- Environmental health hazards are common in many rural areas, such as substandard housing, inadequate sewerage facilities, and impure water.

Rural areas also face four specific shortages in health care:

- *Health professionals* - While 30 percent of all Americans live in rural areas, these areas have only 17 percent of all primary care physicians.
- *Primary care facilities* - Organized primary care settings such as ambulatory health centers and clinics are effective in attracting personnel and delivering health services, but most rural communities lack the financial resources to build the physical plant needed.

- *Preventive and health support services* - Even when health professionals and primary care facilities are available, rural patients may not have access to such services as nutrition counseling and health education
- *Health financing* - Rural residents not only have less per capita income than their urban counterparts, but they are also less likely to have adequate private health insurance.

NEW RURAL HEALTH ACTIONS

Constructing Rural Primary Care Facilities

A new Department of Health, Education and Welfare (HEW) and U.S. Department of Agriculture (USDA) agreement will make Farmers Home Administration (FmHA) loans available for construction and renovation of HEW-funded Community or Migrant Health Centers in medically underserved rural communities. Without this agreement, many rural areas would not qualify for FmHA loans. Under the agreement, HEW will provide operating funds which will in turn provide the working capital and cash flow to repay the FmHA loan.

FmHA provides 5 percent loans to government agencies and nonprofit institutions for community facilities in towns of less than 10,000 population. Under the HEW/USDA agreement,

federally funded health projects which build or renovate Community or Migrant Health Centers with FmHA funds will receive operating funds from HEW, and HEW will assure the placement of medical personnel in such facilities.

FmHA has agreed to set aside funds for applicants who wish to build or renovate primary health centers. The set-aside for FY 1979 will be \$25 million. It is anticipated that nearly 300 centers will use FmHA funds for construction, renovation, and equipment during the next 4 years.

Since enactment of the Rural Development Act of 1972, FmHA has made loans to communities and nonprofit groups for essential community facilities, including health facilities. They have accounted for about 70 percent of the dollar volume of community facilities loans, with hospitals receiving most funding, followed by nursing homes, clinics, and other health facilities. The new agreement between HEW and USDA focuses efforts on primary health facilities in medically underserved rural areas.

Persons interested in developing or improving primary health facilities should contact the Farmers Home Administration office serving their area. Check in the phone book under U.S. Government, or write to the Farmers Home Administration, USDA, Washington, D.C. 20250, for additional details.

Increasing Rural Health Support Staff

Under a new HEW/Department of Labor (DOL) agreement, disadvantaged rural residents will be trained as health support workers in rural areas. Participants will be trained for example, as nurses aides, clinic clerks, transportation officers, environmental health inspectors, and health educators. Another part of the HEW/DOL agreement calls for placing Job Corps health trainees from rural areas into HEW-assisted primary care facilities. Assistance in implementing this agreement and the HEW/USDA agreement will be provided by the National Governors Association (NGA). NGA will work with HEW, DOL, USDA and affected governors' offices to assist in developing rural health service center programs, using Federal employment and training resources.

CURRENT FEDERAL RURAL HEALTH PROGRAMS

In addition to the initiatives mentioned above, ongoing Federal efforts to improve rural health include:

- *Primary care services* - In FY 1977, HEW served 1.3 million rural residents through the Community Health Center, Migrant Health Center, Health Underserved Rural Areas (HURA) and Rural Health Initiative programs.
- *National Health Service Corps* - HEW offers scholarships to students who

serve with the National Health Service Corps in health manpower shortage areas. At the end of FY 1978, about 1,000 Corps doctors, nurses, and other health professionals were serving in rural communities.

- *Area Health Education Centers (AHEC)* - The AHEC program is designed to build health education resources in scarcity areas through decentralized training of health professionals, with the emphasis on primary care.

